Memory & Cognition

Items below in orange are from MnCHOICES. Items below in blue are from CARE.

Functional Memory & Cognition

Does the participant have a problem with cognitive functioning due to developmental disabilities or a related condition, which manifested itself during the developmental period (birth through age 21), by report or by review of psychological testing results?

- o No
- Undetermined
- Yes Due to developmental disabilities

Enter psychological testing results: _____ (Displays when this option is checked)

 Yes – Due to related conditions and Related Conditions Checklist (form DHS-3848A) has been completed

Enter psychological testing results: (Displays when this option is checked)

Referral for testing: (Displays when "Undetermined" is checked)

- Need referral
- Referral made waiting for testing results

Does the participant have a documented diagnosis of brain injury or related neurological condition that is not congenital?

- o No
- o Yes

(Next 4 questions display when "Yes" is checked)

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Assessment Domains

Choose one

- Acquired or traumatic brain injury
- Degenerative or genetic disease that became symptomatic on or after the participant's 18th birthday

What is the diagnosis?

The participant has an assessed need for one or more of the following:

- Specialized provider with experience or expertise appropriate to meet the participant's cognitive or behavior impairments
- Higher amount of units or rate for services due to cognitive or behavior impairments
- Service only available through the BI Waiver, regardless of whether or not those needs are met by formal waiver services
 - o No
 - o Yes

Modified Rancho Los Amigos Level of Cognitive Functioning (Select One)

- I Participant is completely unresponsive to stimuli
- o II Participant reacts inconsistently and non-purposefully to stimuli
- III Participant responds specifically but inconsistently to stimuli and may follow simple commands
- o IV Participant is in a heightened state of activity with severely decreased ability to process information. Behavior is non-purposeful relative to the immediate environment.
- V Participant appears alert and responds to simple commands fairly consistently.
 Agitation, which is out of proportion (but directly related to stimuli), may be evident.
- VI Participant shows goal directed behavior but depends on external input for direction.
- VII Participant goes through daily routine automatically, has absent to minimal confusion, but lacks insight.
- VIII Participant is alert and oriented. Independence in the home and community has returned. Social, emotional and cognitive abilities may be decreased.

Is the participant demonstrating problems with cognitive functioning in the home, school or work environment?

o No

o Yes

Explain:

(Displays when 'Yes' or 'Unsure' is checked)

Unsure

Is the participant demonstrating problems with cognitive functioning in the home, school or work environment?

o No

o Yes

Explain:

(Displays when 'Yes' or 'Unsure' is checked)

o Unsure

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Assessment Domains

If 'Yes' was selected, the following questions will be displayed:

Cognitive Impairments – Please check all that apply:

Required	Severity	Level of Support
☐ Attention/Concentration		
Awareness		
Communication		
Judgment		
Learning		
Memory		
Perception		
Planning		
☐ Problem Solving		
☐ Task Completion		

Notes/Comments:

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Mental Status Evaluation

Repetition of Three Words. Ask participant, "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue and bed. Now tell me the three words."

1. Number of words repeated by participant after first attempt:

- Three
- o Two
- o One
- None

After the participant's first attempt say: "I will repeat each of the three words with a cue and ask you about them later: sock, something to wear; blue, a color; bed, a piece of furniture." You may repeat words up to two more times.

2. Ask participant, "Please tell me what year it is right now."

- Correct
- Missed by 1 year
- Missed by 2 to 5 years
- Missed by more than 5 years

3. Ask participant, "What month are we in right now?"

- Accurate within 5 days
- Missed by 6 days to 1 month
- Missed by more than one month or no answer

4. Ask participant, "What day of the week is today?"

- Accurate
- Incorrect or no answer

Recall- Ask Participant, "let's go back to the first question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (i.e., something to wear; a color; a piece of furniture) for that word.

5. Recalls sock?

- Yes, no cue required
- Yes, after cueing
- No, could not recall

6. Recalls blue?

- o Yes, no cue required
- Yes, after cueing
- No, could not recall

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7. Recalls bed?

- Yes, no cue required
- o Yes, after cueing
- No, could not recall

8. What type of support does the participant need in the home for assistance with activities that require remembering, decision-making or judgment?

- Someone else needs to be with the participant always, to observe or provide supervision.
- Someone else needs to be around always, but they only need to check on the participant now and then.
- Sometimes the participant can be left alone for an hour or two.
- Sometimes the participant can be left alone for most of the day.
- The participant can be left alone all day and all night, but someone needs to check in on the participant every day.
- The participant can be left alone without anyone checking in.

9. What type of support does the participant need to help with remembering, decision-making, or judgment when away from home?

- The participant cannot leave home, even with someone else, because of behavioral difficulties (becomes very confused or agitated during outings, engages in inappropriate behavior, becomes aggressive, etc.).
- Someone always needs to be with the participant to help with remembering, decision making or judgment when away from the home.
- o The participant can go places alone as long as they are familiar places.
- The participant does not need help going anywhere.

Notes/Comments:		

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Referrals & Goals (Memory & Cognition)

What is important to the individual?

Referrals Needed:		
Assistive Technology		(Displays if checked)
☐ Cognitive Diagnostic Evaluation (Used for	(Displays if checked)	
□ Neuropsychological Assessment		(Displays if checked)
Occupational Therapist		(Displays if checked)
Ombudsman		(Displays if checked)
☐ Primary Health Care Provider		(Displays if checked)
Other Specify:	(Displays when 'Other' is checked)	
Other Specify:	(Displays when 'Other' is checked)	
Assessed Needs and Support Plan Implica	ations	

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